
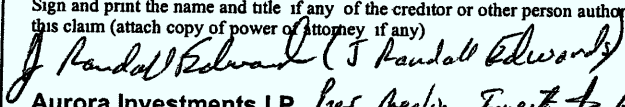


# EXHIBIT C

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM
Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>BK-S-06-10725 LBR</b>	This Space is for Court Use Only
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Aurora Investments LP</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <b>Aurora Investments LP 2710 Harbor Hills Lane Las Vegas, NV 89117</b>	Telephone number	
Last 4 digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <div style="margin-left: 400px;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)              Last four digits of SS # _____              Unpaid compensation for services performed from _____ to _____ (date) (date)           </div>		
<b>2 Date debt was incurred</b> <b>December 7, 2005</b>	<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Unsecured Nonpriority Claim \$</b> _____  <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.   <b>Unsecured Priority Claim</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.              Amount entitled to priority \$ _____              Specify the priority of the claim  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)           </div> <div style="width: 48%;"> <b>Secured Claim</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).              Brief Description of Collateral  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____              Value of Collateral \$ <u>unknown</u>               Amount of arrearage and other charges at time case filed included in the secured claim, if any \$ <u>1,017,916 67</u> </div> </div>		
<b>5 Total Amount of Claim at Time Case Filed \$</b> _____ <b>1,017,916 67</b> _____ <b>1,017,916 67</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only  <div style="font-size: 2em; text-align: center;">filed date</div> <div style="font-size: 2em; text-align: center;">9/5/06</div> <div style="text-align: center; margin-top: 20px;">             USA CMC                1072500185           </div>
Date <b>8/14/06</b>	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <div style="text-align: center;">   <b>Aurora Investments LP</b> Per Merlin Investment, 61 Aurora         </div>	

## FORM B10 (Official Form 10) (10/05)

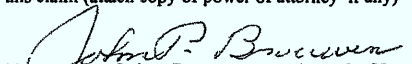
United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM
Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>BK-S-06-10725</b>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</div> <div style="display: flex;"> <div style="flex: 1; padding: 5px;"> Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Billy Shope, Jr Family LP</b> </div> <div style="flex: 1; padding: 5px;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.   <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. </div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Name and address where notices should be sent  <b>Billy Shope, Jr Family LP</b>  <b>2833 Maryland Hills Dr</b>  <b>Henderson, NV 89052</b> </div> <div style="border: 1px solid black; padding: 5px;"> Telephone number </div>
Last 4 digits of account or other number by which creditor identifies debtor		
Check here if this claim <input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated <u>8/28/06</u>		
<div style="display: flex;"> <div style="flex: 1;"> <b>1 Basis for Claim</b>  <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____ </div> <div style="flex: 1;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)  Last four digits of SS # _____  Unpaid compensation for services performed from _____ to _____  <div style="text-align: center;">(date) (date)</div> </div> </div>		
<b>2 Date debt was incurred</b> December 7, 2005	<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>		
<b>Unsecured Nonpriority Claim \$</b> _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority	<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u>  Amount of arrearage and other charges <u>at time case filed</u> included in the secured claim, if any \$ <u>101,791.67</u>	
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)	
<b>5 Total Amount of Claim at Time Case Filed \$</b> _____ <u>101,791.67</u> _____ <u>101,791.67</u> <div style="text-align: center;">(unsecured) (secured) (priority) (Total)</div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only  <div style="font-size: 2em; text-align: center;">filed date 9/25/06</div>
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Billy Shope, Jr Family LP</u> <b>Billy Shope, Jr Family LP</b>	

USA CMC




1072500213

FORM B10 (Official Form 10) (10/05)

<b>United States Bankruptcy Court - District of Nevada</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>BK-S-06-10725 LBR</b>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Brouwers Family Trust</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <b>Trustee of the Brouwers Family Trust</b> <b>8040 Vista Twilight Drive</b> <b>Las Vegas, NV 89123</b>		
Telephone number _____		
Last 4 digits of account or other number by which creditor identifies debtor _____		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____.
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <b>December 7, 2005</b>		<b>3 If court judgment, date obtained</b>
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Unsecured Nonpriority Claim \$</b> _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u>
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____		Amount of arrearage and other charges at time case filed included in the secured claim, if any \$ <b>50,895.83</b>
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)
* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 Total Amount of Claim at Time Case Filed \$</b> _____ <b>50,895.83</b> _____ <b>50,895.83</b> (unsecured) (secured) (priority) (Total)		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only  <div style="font-size: 2em; font-family: cursive;">filed date</div>  <div style="font-size: 2em; font-family: cursive;">9/5/06</div>
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>Aug 11, 2006</u>	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <div style="text-align: center;">   <b>Trustee of the Brouwers Family Trust</b> </div>	


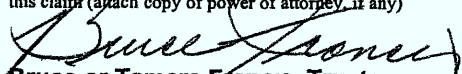


FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM
Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>BK-S-06-10725 LBR</b>	This Space is for Court Use Only
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>First Savings Bank</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <b>First Savings Bank Custodian of John W Brouwers, MD SEP/IRA Trust Department 2605 E Flamingo Las Vegas, NV 89119</b>	Telephone number	
Last 4 digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Last four digits of SS # _____            Unpaid compensation for services performed from _____ to _____ (date) (date)         </div> </div>		
<b>2 Date debt was incurred</b> <div style="text-align: right; margin-right: 50px;"><b>December 7, 2005</b></div>	<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>		
<b>Unsecured Nonpriority Claim \$</b> _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority	<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u>	
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)	
<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>		
<b>5 Total Amount of Claim at Time Case Filed \$</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>50,895 83</u>  <small>(unsecured)</small> </div> <div style="text-align: center;"> <u>50,895 83</u>  <small>(secured)</small> </div> <div style="text-align: center;">   <small>(priority)</small> </div> <div style="text-align: center;"> <u>50,895 83</u>  <small>(Total)</small> </div> </div>		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	This Space is for Court Use Only  <div style="font-size: 2em; margin-top: 20px;">filed date</div> <div style="font-size: 2em; margin-top: 10px;">9/11/06</div>	
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	<div style="text-align: center;">             1072500175         </div>	
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date  <div style="font-size: 1.5em;">8-10-06</div>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Susan O'Connor</div> <div style="text-align: center; margin-top: 5px;"><b>Cust of the John W Brouwers, MD SEP/IRA</b></div>	

Custodian for Paul Bloch IRA		18 U.S.C. §§ 152 and 3571
Penalty for presenting fraudulent claim		Fine of up to \$500,000 or imprisonment for up to 5 years, or both

## FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM
Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>BK-S-06-10725 LBR</b>	This Space is for Court Use Only
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Francis Family Trust dated 11/10/98</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <b>Bruce &amp; Tamara Francis Trustees of the Francis Family Trust 2360 E Mallory Circle Mesa, AZ 85213</b>	Telephone number	
Last 4 digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> attends
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____  <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <b>December 7, 2005</b>	<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations</small>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Unsecured Nonpriority Claim \$</b> _____  <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.   <b>Unsecured Priority Claim</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.            Amount entitled to priority \$ _____            Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)         </div> <div style="width: 48%;"> <b>Secured Claim</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).            Brief Description of Collateral:  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____            Value of Collateral \$ <u>UNKNOWN</u>             Amount of arrearage and other charges at time case filed included in the secured claim, if any: <b>\$ 50,895.83</b>   <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)         </div> </div>		
<b>5 Total Amount of Claim at Time Case Filed \$</b> _____ <b>50,895.83</b> _____ <b>50,895.83</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only  <div style="font-size: 2em; text-align: center;">filed date 9/1/06</div> <div style="text-align: center;">             USA CMC                1072500176           </div>
Date <b>8/15/06</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  <b>Bruce or Tamara Francis, Trustees</b>	



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor: <b>USA Commercial Mortgage Company</b>		Case Number: <b>06-10725-LBR</b>	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.              <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.              <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.         </div> <div style="width: 50%;"> <p style="text-align: center;"><b>YOUR CLAIM IS SCHEDULED AS:</b></p> <p>Schedule/Claim ID    s31845</p> <p>Amount/Classification</p> <p><del>\$41,538.00 Unsecured</del></p> <p style="font-size: 1.2em;">Secured 51,238.<sup>60</sup></p> <p style="font-size: 0.8em;">The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.</p> <p style="font-size: 0.8em;">If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</p> <p style="font-size: 0.8em;">If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center; font-weight: bold;">THIS SPACE IS FOR COURT USE ONLY</p> </div> </div>	
<b>Name of Creditor and Address:</b>  11321240001113 JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS, NV 89135-1548		Creditor Telephone Number <i>(702) 240-8007</i> Last four digits of account or other number by which creditor identifies debtor: <i>Account 2296</i>	
<b>1. BASIS FOR CLAIM</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned         </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other (describe briefly) _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Last four digits of your SS #: _____            Unpaid compensation for services performed from: _____ to _____ (date) (date)         </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)         </div> </div>			
<b>2. DATE DEBT WAS INCURRED:</b> <i>12-7-05</i> <b>3. IF COURT JUDGMENT, DATE OBTAINED:</b> _____			
<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ <i>51,238.<sup>60</sup></i> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <i>51,238.<sup>60</sup></i>	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> \$ _____ (unsecured)    \$ <i>51,238.<sup>60</sup></i> (secured)    \$ _____ (priority)    \$ <i>51,238.<sup>60</sup></i> (Total)			
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7. SUPPORTING DOCUMENTS:</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911			<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245			
DATE <i>10-27-06</i>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>Joyce E Smith Trustee</i>	



Case 00-1025-gwz Doc 8866-3 Entered 08/07/11 15:44:02 Page 3 of 12

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Company


Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

 11321241002890  
 KM FINANCIALS LLC  
 4847 DAMON CIR  
 SALT LAKE CITY UT 84117-5854

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

CLIENT ID 5592

Check here ☐ replaces or ☐ amends a previously filed claim dated \_\_\_\_\_

1 BASIS FOR CLAIM

☐ Goods sold ☐ Personal injury/wrongful death

☐ Services performed ☐ Taxes

☒ Money loaned ☒ Other (describe briefly)

See Exhibit A

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Unremitted principal

☐ Wages, salaries, and compensation (fill out below)

☐ Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

UNSECURED NONPRIORITY CLAIM \$ 50,883.56

☒ Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.

UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim \_\_\_\_\_

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)

SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral \_\_\_\_\_

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ UNKNOWN

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 883.56

☐ Up to \$225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM

AT TIME CASE FILED

\$ 50,883.56 (unsecured) \$ 50,883.56 (secured) \$ (priority) \$ 50,883.56 (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS

Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY

To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).


BY MAIL TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 P O Box 911  
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED JAN 11 2007

USA CMC



1072502053

DATE 1/9/07 SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Lindsey Kessler, member  
 member

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF	<b>PROOF OF CLAIM</b>  <b>RECEIVED AND FILED</b>  <b>2006 AUG 14 P 12:27</b>  <b>U.S. BANKRUPTCY COURT</b> <b>PATRICIA GRAY CLERK</b>
Name of Debtor <b>USA Capital Commercial Mortgage Company</b>		Case Number <b>BK-5-06-127-25000</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Hans J Leer and Carolyn F Leer</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <b>2024 Gentry Lane Corson City NV 89701</b>		Telephone number	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2 Date debt was incurred</b> <b>11-23-2005</b>		<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>Unsecured Nonpriority Claim</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (1)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5 Total Amount of Claim at Time Case Filed</b>		<b>\$UNK 30,000 30,000</b> (unsecured) (secured) (priority) (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			THIS SPACE IS FOR COURT USE ONLY
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 Date Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <b>8/10/06</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <b>Hans J Leer</b> <b>Carolyn F Leer</b>			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1573


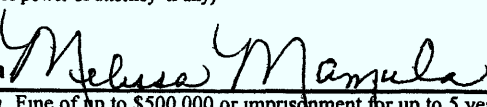


<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO</b>		Case Number <b>06-10725-LBR</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <b>LILY MARKHAM &amp; TAEENE ANNE MARKHAM-TAFORA ATTOROS 7746 FOREDAWN DR LAS, VEGAS, NV 89123-0756</b>		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number ( ) <b>702 269 4657</b>			
Last four digits of account or other number by which creditor identifies debtor <b>7574</b>		Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)      Last four digits of your SS #: _____      Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.  <b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: _____ <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <b>25,000.00</b> Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____  <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5 TOTAL AMOUNT OF CLAIM \$</b> <b>AT TIME CASE FILED</b> (unsecured) \$ <b>25,000.00</b> (secured) \$ (priority) \$ <b>25,000.00</b> (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivery. FAXES NOT ACCEPTED, so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 12, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). <b>BY MAIL TO:</b> BMC Group 1330 East Flamingo Ave. Las Vegas, NV 89119		<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED NOV 29 2006</b>	
<b>DATE</b> <b>11-24-06</b>		<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>Lily Markham</b>	





## FORM B10 (Official Form 10) (10/05)

<b>United States Bankruptcy Court - District of Nevada</b>		<b>PROOF OF CLAIM</b>
<b>Name of Debtor</b> <b>USA Commercial Mortgage Company</b>		<b>Case Number</b> <b>BK-S-06-10725 LBR</b>
<small>NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property)</b> <b>Melissa Mamula</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
<b>Name and address where notices should be sent</b> <b>Melissa Mamula</b> <b>3318 Trickleing Stream Circle</b> <b>Las Vegas, NV 89117</b>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
<b>Telephone number</b>	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Last 4 digits of account or other number by which creditor identifies debtor</b>		This Space is for Court Use Only
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>2 Date debt was incurred</b> <b>December 7, 2005</b>		<b>3 If court judgment, date obtained</b>
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations</small>		
<b>Unsecured Nonpriority Claim \$</b> _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral \$</b> <u>UNKNOWN</u>
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. <b>Amount entitled to priority \$</b> _____ <b>Specify the priority of the claim</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<b>Amount of arrearage and other charges at time case filed included in the secured claim, if any \$</b> <u>25,447.92</u>  <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)
<b>5 Total Amount of Claim at Time Case Filed \$</b> <u>25,447.92</u> <u>25,447.92</u> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only  <div style="font-size: 2em; font-family: cursive;">filed date</div>  <div style="font-size: 2em; font-family: cursive;">9/11/06</div>  <div style="text-align: center;"> <small>USA CMC</small>    <small>1072500180</small> </div>
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>Date</b> <u>8-14-06</u>	<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)</b> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <b>Melissa Mamula</b> </div>  </div>	